EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Ameritel Spectrum, 7499 Overland Rd., *Boise, ID*
July 1, 2004

COMMITTEE MEMBER ATTENDEES:

Vicki Armbruster, Volunteer Third Service Member
Jeff Furner, Career Third Service Member
Kallin Gordon, EMT-Basic Member
Rod Hackwith, Advanced EMT Member
Leonard Harlig, Consumer Member
Pam Humphrey, Air Medical Member
David Kim, Idaho Chapter of ACEP Member
James Kozak, EMT-Paramedic Member
Warren Larson, EMS Instructor Member
Mary Leonard, State Board of Medicine Member
Scott Long, Idaho Fire Chiefs Association Member
Cindy Marx, Third Service Non-Transport Member
Ethel Peck, Idaho Association of Counties Member
Murry Sturkie, DO, Idaho Medical Association Member

COMMITTEE MEMBERS ABSENT:

Ken Bramwell, Emergency Pediatric Medicine
David Christensen, Idaho Chapter of the American Academy of Pediatricians
Hal Gamett, Fire Department Based Non Transport
Karen Kellie, Idaho Hospital Association Member
Mary Ellen Kelly, State Board of Nursing Member
Robert D Larsen, Private Agency Member

VACANT MEMBER SEATS:

Vacant, ID Chapter of ACS Member, Committee on Trauma
Vacant, County EMS Administrator

EMS STAFF ATTENDEES:

Kathy Bessey
Bruce Cheeseman
Andy Edgar
Barbara Freeman
Dia Gainor
Scott Gruwell
Shana Munroe
Dean Neufeld
Tawni Newton

Other Attendees:

Allen, Tom, Nampa Fire Department
Dredge, Louis, Oneida County Ambulance
Faure, Brent, TriMed Ambulance
Hall, Karlene, Pocatello Fire
Howard, Debbie, Oneida County Ambulance
Iverson, Hal, Air St. Luke's
Johnson, Stephen, Oneida County Ambulance
Owen, Greg, Canyon County Ambulance District
Rose, Stan, Life Flight (St. Alphonsus)
Sharp, Lynette, Air Idaho Rescue
Vickers, Greg, Portneuf Life Flight
Ward, Christine, Oneida County Ambulance
Weiss, Joe, East Boise County Ambulance District

TOPIC	DISCUSSION	OUTCOMES DECISIONS
MINUTE APPROVAL AND INTRODUCTIONS		Minutes approved.
AIR MEDICAL RULEMAKING TASK FORCE	The Idaho Legislature passed a single line sentence bill about the establishment of criteria of air medical utilization that has created high levels of interest. Operational, clinical, and emotional issues will be addressed. Law effective today. Bureau has a list of categories of candidates and the list mirrors the membership on EMSAC and other groups. Requests for nominations will be mailed to all these interested groups. Nominations and appointment process will assure geographic and disciplinary entity representation. Meetings will start in August. This will be a negotiated rulemaking process. The task force will do draft the rule prior to the formal negotiated rulemaking process that will require 6-8 months of interaction and will strive for concensus. Three tiers of comment opportunity exist: task force, town hall, administrative procedures process. The goal is a final draft by next fall, so that the legislature can act. Because of issues and angst, the Bureau won't attempt emergency rule processing.	
24/7 COVERAGE BY NON-TRANSPORT AGENCIES [04-06]	Agencies who are unable to provide 24/7 coverage are required to obtain a waiver. The waive request includes a remediation plan, recruitment, training and a time goal when the ambulance service expects to comply. But the waiver is not in perpetuity. Idaho rules if a waiver is needed by a non-transport agency, the EMS Bureau can grant the waiver. After the December 2003 EMSAC meeting, the Bureau sent out a statewide letter reflecting that the Bureau had adopted the	Motion that we adhere to the rule of 24/7 as stated in EMS policy, temporary waiver with remedial plan or recruitment and training or arrange coverage by nearby agency was seconded and carried. Recommendation for rule changes so we aren't in a perpetual waiver situation for location or event driven situations. Motion: To direct Bureau to draft proper rule or law change to address the issue of industrial or

	recommendation of EMSAC about 24/7. The recommendation was that there would be no waivers on a perpetual basis. Recommendations were for the agency to assimilate with neighboring agency or increase recruitment efforts. A non-transport service and State Senator objected to the policy. Bureau had to defend authority to regulate and defend the policy stance of the Bureau. There was a recent meeting with Senator Keough, Dia Gainor and a representative from the Governor's office to validate that the 24/7 policy is appropriate and what EMSAC intended. The county is doing two major changes to EMS system. 1) Moving operational authority from city police to the county. This will be operational on Oct 1. The County Commissioners, through technical assessment in April, revealed many challenges that warranted the Commissioners' immediate attention. Solution on front end is better performance and organization and control of agencies. Different or separate classification of licensure, standards of operation and rules may be needed for the 24/7 rule for non-transport, standby entity or event driven situations. The issue raised is the exception in Feb 10 2004 letter for industrial based agencies and location based (theme park) situations. It is ludicrous to ask them to be available when the park is closed. What rule changes could we make to solve this. Better for the Bureau to make the suggested changes rather than a legislative representative who is unfamiliar with EMS systems. Maximum number of waivers? Not in perpetuity, especially in the absence of correction of issues. Are we allowing enough time to make changes?	event driven non-transport agency licensure for non 24/7 coverage. Seconded and carried.

	Is something better than nothing? As soon as a group wants to organize for medical care a license is required. The Bureau is on the verge of being in the position of granting perpetual waivers for event, location driven, non-911 system, non-transport agencies. This indicates a fundamental flaw in rule. Administratively need to add a new category or dimension to address so it isn't a waiver condition. Could we base waivers on call volume? Rural EMS has some unique resource issues. In the past EMSAC refused licensure to an individual who wanted to operate as a non-transport out of the back of his own vehicle and requested that he affiliate. Why should a two person entity be allowed to operate without affiliation? Is it okay if local government authorization wants to organize with adjustments a non 24/7 agency? The response would be the same. Local authority can increase requirements but not decrease. Not all counties manage EMS units. There is competition between city, counties, fire based, hospital based, and private entities. Need local jurisdiction.	
AIR MEDICAL SUBCOMMITTEE REPORT		
WEATHER SHOPPING	Discouraged weather shopping. Made recommendations. Revise current notification agreement. Separate rotation policy from the notification agreement.	Report accepted and motions approved.
DISCIPLINARY SUBCOMMITTEE		
2 COMPLAINTS RECEIVED	**1st Complaint** EMS incident response involving 2 dogs mauling 3 children in rural setting HIGH LEVEL OVERVIEW Tiered response of 2 QRU's and paid ALS BULLETS OF FINDINGS 1 of the QRU's came on the air immediately and cancelled paid ALS response, invoked mutual aid w/neighboring ALS unit and	Report accepted.

	that agency instead Initial response by requested unit was declared NOT to be "ALS in Idaho" Confusion over location and scene safety due to mention that dogs had been shot by complainant Confusion in dispatch center as to cancellation and mutual aid One QRU questioned EMS credentials of other QRU's member "ALS" agency asked that another transport agency be dispatched to back up "ALS" agency ALS agency did provide documentation to the Bureau that there was a paramedic certified in Idaho on scene All children transported by ground to local facility 2 children flown to regional trauma center in critical condition, in center approximately 2 weeks COMMITTEE FINDINGS ♦ No basis for agency or certificate action. ♦ Concern #1: QRU responding with non-certified personnel should be sent correspondence about the importance of assuring that Idaho certified personnel are sent to emergency medical scenes and non-certified personnel are clear about how to describe their role and responsibilities. ♦ Concern #2: Skill sets in Idaho for pediatric multiple casualty incidents may be weak. EMSC Subcommittee should renew its consideration of JUMPSTART. ♦ Concern #3: Dispatch center practices and policies may have compromised EMS resource deployment. EMS Bureau should extend an offer of technical assistance to the county related to the establishment of an EMD dispatch program. ♦ Concern #4: Non-Transport services	

	should not cancel transporting agencies with higher level of clinical sophistication dispatched by a Public Safety dispatch system, especially prior to being on scene. ♦ Concern #5: Discussion about concern #4 led to the observation that no guidance or statewide standard exists on the cancellation or modification of EMS resource response. The Medical Direction subcommittee should expand on section 200.04.f to make the issue and key considerations clear to the reader. **2nd Complaint**: Anonymous complaint regarding EMT-Basic showing up at EMS call under the influence of alcohol Letter received from EMT's affiliated agency reminding provider about not consuming alcohol and responding to call. Scolded provider for indiscretion but felt not serious enough to act upon due to no patient care performed and only "setting up landing site for helicopter" Anonymous complainant called back and stated that county sheriff's department had done a report on incident Acquired report from S.O. confirms provider ran off roadway after passing ambulance on way to LZ. Deputy stated in report that provider had red light on dash. Deputy questioned and confirmed provider under influence but not detained, told to go home. Deputy wrote that provider had bloodshot glassy eyes and odor of alcoholic beverage on his breath.	
TRAC SUBCOMMITEE	Has been meeting regularly. Minimum data set 65 variables for hospitals to submit. System design that allows linkage of hospital, EMS PCRs, and OHS reports. Received 5 responses to RFI. Price tag for start up costs for several hundred thousand and up to $400,000 annual upkeep. Rules have been drafted. Where and how to fund? One active consideration – steady increase	Report accepted.

	in motor vehicle registrations and drivers' license fees. HIPPA considerations are problematic, challenging ability to link information. The linkage is probability and not identity based. DHW HIPPA question ability to share the clinical information in the records.	
LICENSURE SUB-COMMITTEE REPORT		
LICENSURE PROJECT UPDATE	Electronic licensure application with embedded hyperlinks and drop down lists for help menus. Intermediate steps to the project representing Licensure and associated subcommittees and resources. Same template for protocols associated with licensure. Goal, requirements by rule, but haven't developed a universal document the actual review criteria associated with those requirements. Need uniform criteria for evaluating licensure protocols.	
NORTHSIDE FIRE	Grant licensure contingent on replacing protocols to reflect present scope of practice of First Responder seconded and carried.	Motion as amended was seconded and carried.
ONEIDA COUNTY AMBULANCE UPGRADE TO ILS	Do current BOM rules require a written backup on-line medical direction agreement? Subcommittee motion: To accept the upgrade for Oneida County.	Motion to accept subcommittee motion contingent on backup on line medication direction agreement was seconded and carried.
PRIEST RIVER EMTS ASSOC 24/7 WAIVER	Agency staff turnover created 24/7 coverage difficulties. Training, interim coverage from neighboring agency protocols, Because the next Board of Health and Welfare's next meeting is in November. Nadine Parker wrote descriptive letter about contingency plan. Waiver has been granted until Jan 1, 2005 with updates on status. This waiver is not in perpetuity.	Report accepted.
WEST END EMS, STANDBY	This license application is an example of the 24/7coverage for non transport, event driven situation. The subcommittee motion was to	Motion to accept subcommittee motion was seconded and carried.

	recommend issuance of the license with 24/7 waiver.	
MEMBERSHIP TASK FORCE		
REVIEW OF PRIOR MEMBERSHIP DOCUMENTS **VOTING CAPABILITIES**	Preliminary draft next quarter. Still have disagreement about who can vote.	Report accepted.
MEDICAL DIRECTION SUB-COMMITTEE	Update on medical director course in North Idaho. Similar to 2002 course. Review and discussion of draft BOM rules. Andy requested guidance on timetable. Does EMSAC want to see the rules revision before submitting to the BOM for approval? Does working in the hospital fulfill the affiliation requirement? Yes. Must be affiliated in a pre-hospital agency to be certified. Philosophical issue – paramedic using skills in a hospital. Benefactors will be low volume systems personnel who have difficulty maintaining skills. Wasn't marketed to BOM to replace or supplement nurses or other hospital personnel. Suggestion to distribute version 14+ to EMSAC and ask for comments and then submit to Board of Medicine before the September meeting. Should we anticipate an application from a hospital to operate as a non-transport EMS agency? The Board of Medicine feels strongly about contemporaneous physician supervision. Two distinct issues: Whether EMS provider can have a hospital as well as agency as affiliation. How and when can the hospital use the certified provider in their emergency department? Shouldn't the single paramedic be able to affiliate with the hospital to obtain certification? Can a small rural community support a single paramedic with resources? What discussions have occurred by the Board of	Motion to re-explore the possibility to remove 100.01.c of the Board of Medicine rules regarding active affiliation with an Idaho licensed emergency medical service agency to provide emergency medical services was seconded and failed.

	Nursing about this issue? The discussion hasn't occurred yet but will before negotiated rule process. Is there sentiment that sole affiliation with the hospital is desirable? Can the hospital meet the requirements for affiliation licensure? Comments: May not be a concern. It is just a matter of saying they are licensed by the state. Some paramedics, with excellent skills who may not be able to meet physician requirements due to a back or some other injury, could function adequately in a hospital setting. Need some kind of partnering with other health care facilities with corresponding licensure factors to keep paramedic skills in rural settings. Take into consideration public expectations that they may not get paramedic level care on every call. Version 13 of the draft rules states that the paramedic needs to be affiliated with a licensed EMS agency to work in the hospital. Could be re-explored. Should we remove the affiliation requirement? Needs much more discussion and expertise information to resolve this issue. This BOM rules are meant to describe a scope of practice and supervision issue and not a certification issue. The EMS rule contains certification requirement language. However, these rules precede and sets the stage for affiliation issues. The list of conditions on page 5 describes how the providers will function. BOM rules have to be consistent with the EMS rules. Without this platform statement the Bureau is left with a list of acceptable locations that the paramedic can function and would immediately be in conflict with EMS rules. Scope of practice and medical direction set the stage for everything else. Wouldn't want to see any National Registered paramedic come into Idaho and	

	work in the hospital. The EMS agencies could serve as a clearing house. Scope of Practice specifics have been removed. Send recommendations for the Scope of Practice Standards Manual to Andy	
EDUCATION SUB-COMMITTEE		
EMT-I	Ron Hackwith reported the review of the draft curriculum. Discussion about the depth of the cardio section? The Scope of Practice and the drug list don't seem to mesh. Suggestion for the curriculum developer to show the difference between including or excluding the denizen module and allow the EMT-I task force to make the determination.	
CISM TRAINING	Schedule of courses was distributed.	
EEMT-I RULES	Effective July 1, 2004. Striking the language makes clear the staffing rules apply to pre-hospital and inter-facility situations.	
DNR UPDATES	Many questions discussed in subcommittees. Use of photocopies, outreach efforts for education. The EMS Bureau is authorized to define acceptable documents or devices to identify DNR patients. The most common complaint and concern is that the single original document is difficult to track on transfers and other situations. Can DNR be revoked by any family member or is it the patient, physician, or surrogate?	
GRANT SUB-COMMITTEE		
DEDICATED GRANTS REVIEW	$1.2 million available. Reviewed process outcomes. Examined application components. Declared the instructions adequate and some applications rejected for failure to comply – specifically regarding budget. Motion to use entire agency budget and not	Motion that if projected or incomplete budget is used, application will be declared ineligible was seconded and approved. Motion to endorse subcommitee equipment recommendations

	just sections. Along the lines of licensure application. Approved. EQUIPMENT Per person items will be limited to number of personnel on licensure roster. If the agency call volume is 0, will be ineligible for awards. Do not fund transport items for non-transport agencies. Equipment price caps specified. Ineligible equipment defined. Use of pulse oximeters not included in BLS training. Discussion of transport ventilators which are not on the standards list. Hospitals usually supply ventilators for transports. Difficult to defend granting this low frequency use item. VEHICLES Do not fund any "other" type vehicles. (ATVs, sno2moble, rescue sleds, etc.) Narrative scoring explained, to be sent out by ail by July 9 to be returned by July 16.	seconded and carried. Motion to accept vehicle funding recommendation seconded and carried.
TRAINING GRANT APPLICATION SURVEY REVIEW	Will go out July 9.	
RAED TENTATIVE DISTRIBUTION PLANS		